

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: Margot M. O'TOOLE et al.
Application No.: 10/686,619 Group Art No.: 1634
Filed: October 17, 2003 Examiner: Salmon, Katherine D.
For: COMPOSITIONS AND METHODS FOR DIAGNOSING AND
TREATING AUTOIMMUNE DISEASE
Confirmation No.: 9490
Customer Number: 25291

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT TRANSMITTAL LETTER

1. Transmitted herewith for filing is an amendment for this application.

PETITION FOR EXTENSION OF TIME

2. (a) Applicant petitions for an extension of the time for the total number of months checked below:

<input type="checkbox"/>	One Month.	Fee in the amount of	\$	120.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$	460.00
<input checked="" type="checkbox"/>	Three Months.	Fee in the amount of	\$	1,050.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,640.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	2,230.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension for month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.

OR

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Extension fee due with this request: \$1,050.00

FEE FOR CLAIMS


3. The fee for claims has been calculated as shown below:

CLAIMS AS AMENDED					
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) HIGHEST NUMBER PAID FOR	(4) NUMBER EXTRA x RATE		(5) ADDITIONAL FEE
TOTAL CLAIMS			0	X \$ 50.00	0.00
INDEPENDENT CLAIMS			0	X \$ 210.00	0.00
MULTIPLE DEPENDENCY FEE				\$ 370.00	
				Total Amendment Fee:	\$0.00

- ☒ No additional fee for claims is required.
☐ Total additional fee for claims required: \$0.00.

4. Method of Payment of Fees:
Charge Deposit Account No. 01-1425 in the amount of: \$1,050.00.
A duplicate of this transmittal is attached.
5. Instructions as to Overpayment:
Credit any overpayment to Deposit Account No. 01-1425.
6. Authorization to Charge Additional Fees
☒ If any additional extension and/or fee for claims is required, charge
Account No. 01-1425.

Respectfully submitted,



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Agent for Applicants
Reg. No. 52,163

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